



FACIAL PROSTHESIS
Service Authorization Required:
CMN: None

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION
CRITERIA/POLICIES

EFFECTIVE: March 2007

REVISED: February 2017

FACIAL PROSTHESIS

Indications and limitations of coverage and medical appropriateness:

- Loss or absence of facial tissue due to disease, trauma, or congenital defect.
- Adhesive, adhesive remover, skin barrier wipes and tapes used in conjunction with a facial prosthesis are covered.
- Labor is included in the allowance of the prosthesis and will not be paid separately (includes cost of materials).
- Repairs are covered if accidental damage or extensive wear. If costs of repairs exceed 75% of the cost to replace, replacement is to be requested. Effective 6-15-13

Documentation Requirements:

- The right and/or left modifier must be used when requesting.
- RB modifier is required for repair and/or replacement
- A prescription from prescribing physician
- Physician's documentation needs to address medical necessity.

Date Revised	Revisions
February 2017	Reformatted and reviewed